PART B - FEE(S) TRANSMITTAL

,	this form, together w		I D OL	<u>Fax</u>	Commissioner to P.O. Box 1450 Alexandria, Virgi (571)-273-2885	r Patents inia 22313-1450			
naintenance fee notificatior	1S.			1		,	should be completed where correspondence address as arate "FEE ADDRESS" for		
23446 75 MCANDREWS 1 500 WEST MADIS SUITE 3400		A REAL	JUN 1 6 20		Fee(s) Transmittal. Thi papers. Each additiona have its own certificate Cer I hereby certify that th States Postal Service waddressed to the Mail	is certificate cannot be used I paper, such as an assignme of mailing or transmission. tificate of Mailing or Trans	ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile		
CHICAGO, IL 606	561				Michael T.	Cruz	(Depositor's name)		
					Michael T.	Crus	(Signature)		
v.			June 14, 2	006 <i>O</i>	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMEI	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/612,479 TITLE OF INVENTION: M	07/02/2003 IEMORY ARCHITECTURE	WITH SINGLE-	Esin Te PORT CELL	-	UAL-PORT (READ A	13464US04 AND WRITE) FUNCTIONA	3476 LITY		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	NO \$1400		\$300		\$1700	07/10/2006		
EXAMINER ART UN		IT CLASS-SUBCLASS							
DINH, SON T		2824			365-200000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PLEASE NOTE: Unless		low, no assignee	data will app	ear on the for filing NCE: (C	ne patent. If an assign g an assignment. CITY and STATE OR C	COUNTRY)	_		
lease check the appropriate	e assignee category or categor	ries (will not be pr	inted on the p	atent) :	☐ Individual ☐ Co	orporation or other private gr	oup entity Government		
a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # or	D. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0017 (enclose an extra copy of this form).								
	(from status indicated above					BBe ^E H112CKT NS ⁴ 88888892 ^C	ት ፡፡፡፡		
	MALL ENTITY status. See a is requested to apply the Issu ublication Fee (if required) words of the United States Pate		tion Fee (if and from anyone Office.	y) or to other th	re-apply any pictional nan the applicant, area	Some dattorney of a sent her to	ation identified above. he assignee or other party in		
Authorized Signature	Michael T. Cruz)				14, 2006			
Typed or printed name Michael T. Cruz				Registration No. 44,636					

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name _

PTO/SB/21 (09-04)
Approved for use through 7/31/2006
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
awork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

Olida jilo i apciwork recaucio	to a concentration information	ii dilless it di	spiays a valid O	WID CONTO HUMBER.											
TR	Application Number		10/612,479												
	Filing Date		July 2, 2003												
	First Named Inventor		Esin Terzio	oglu											
	Art Unit		2824												
	Examiner Name		Son T. Dinh												
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission			ng) 5	Attorney Docket Number		13464US0)4								
ENCLOSURES (check all that apply)															
Fee Transmittal F			ring(s)			er Allowanc	e Communication								
Fee Attached			ted Papers	to TC											
Amendment/Reply	Petition			Appeal Communication to Board of Appeals and Interferences											
After Final	_	on to Cor		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)											
Affidavits/decla		sional Ap	•												
Extension of Time	Chan	ge of Cor	ney, Revocation respondence		Proprietary Information Status Letter										
Express Abandonment Request Information Disclosure Statement Certified Copy of Priority		Address Terminal Disclaimer Request for Refund CD Number of CD(s)			Return-Receipt Postcard Other Enclosure(s) (please identify below):										
								Document(s)		Landscape Table on CD					
								Reply to Missing Parts/ Incomplete Application			апизоаре	s Table Off OD			
Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks	Remarks Part B - Fee(s) Transmittal (1 p			age, in duplicate)									
	SIGNAT	URE OF A	PPLICAN	NT, ATTORNEY, OF	R AGENT										
Firm	McAndrews Held & Malloy, Ltd.														
Signature	muchael T. Cour														
Printed Name	Michael T. Cruz														
Date	June 14, 2006														
		CERT	IFICATI	E OF MAILING											
I hereby certify that this addressed to: Mail Stop		being depos	sited with	the United States Post											
Name (Print/type)		Registration No. (Atte		"	44,636										
Signature			Date	June 14, 2006											

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known to the consolidated Appropriates Act. 2005 (H.R. 4818). 10/612.479 **Application Number** TRANSMITTAL Filing Date July 2, 2003 for FY 2006 First Named Inventor Esin Terzioglu **Examiner Name** Son T. Dinh Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2824 13464US04 TOTAL AMOUNT OF PAYMENT \$1,700.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order | None | Other (please identify): Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Credit any overpayments Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid(\$) **Application Type** Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) <u>Fee(\$)</u> 200 100 Utility 300 150 500 250 200 100 50 130 65 100 Design 300 160 80 Plant 200 100 150 300 150 500 250 600 300 Reissue O n n n Provisional 200 100 **Small Entity** 2. EXCESS CLAIM FEES Fee(\$) Fee(\$) **Fee Description** 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee(\$) Fee Paid (\$) -20 or HP <u>Fee</u> HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) **Extra Claims** Fee(\$) -3 or HP HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid(\$) **Total Sheets Extra Sheets** /50 (round up to a whole number) 4. OTHER FEE(S) Fee Paid(\$) Non-English Specification, \$130 fee (no small entity discount) Issue Fee and Publication Fee \$1,700.00 Other (e.g., late filing surcharge): SUBMITTED BY

Registration No.

(Attorney/Agent)

44,636

Telephone

Date

(312)775-8000

June 14, 2006

Signature

Name (print/type)

Michael T.

Michael T. Cruz